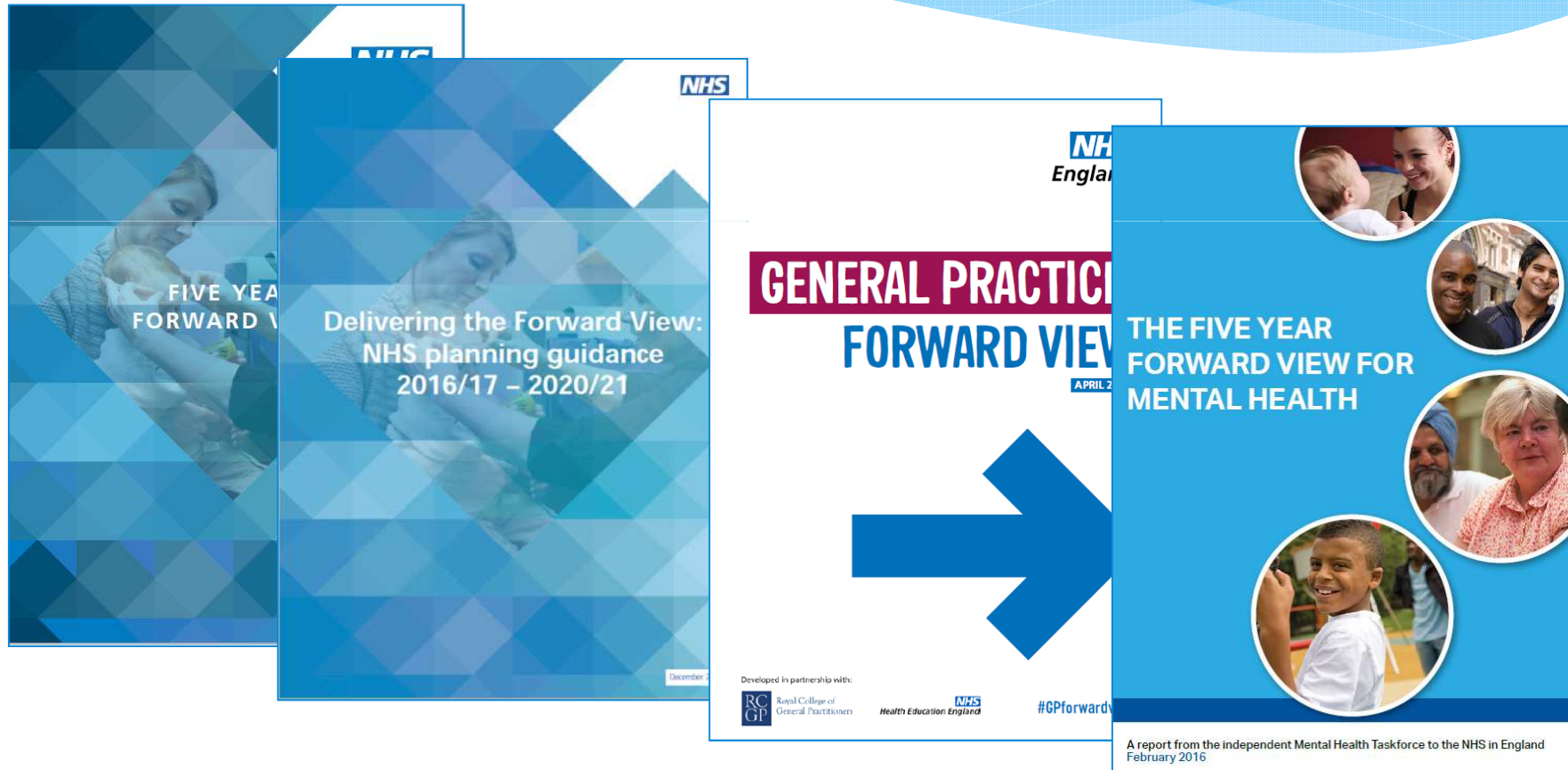


# Rotherham's Integrated Health and Social Care Place Plan

Health Select  
22 September  
2016



# National Strategic Context



# Rotherham CCG Plan takes account of 5 Year Forward View

The image displays three documents related to the Rotherham Clinical Commissioning Group (CCG) Plan. On the left is the cover of the 'FIVE YEAR FORWARD VIEW' document, featuring the NHS logo and a photograph of a woman holding a baby. In the center is the cover of the 'Commissioning Plan 2016-2020 Part One' document, dated July 2016, which includes the NHS logo, the text 'investor in excellence', and an illustration of a diverse group of people. On the right is a grid of 15 numbered service categories, each represented by a colored circle:

- 1. Unscheduled Care
- 2. Ambulance and Patient Transport Services
- 3. Community Services
- 4. Clinical Referrals
- 5. Medicines Management
- 6. Mental Health
- 7. Learning Disabilities
- 8. Maternity & Children's Services
- 9. CHC and Funded Nursing Care
- 10. End of Life Care
- 11. Specialised Services
- 12. Joint working (inc BCF)
- 13. Primary Care
- 14. Child Sexual Exploitation
- 15. Cancer Commissioning

The bottom right corner of the grid area features the slogan 'Your life. Your'.

# Planning Guidance – STP and Place Plans



**SOUTH YORKSHIRE AND BASSETLAW STP: IN SUMMARY**

<p><b>Five localities</b></p>	<p><b>Five place based plans</b></p> <ul style="list-style-type: none"> <li>Prevention</li> <li>Healthy children</li> <li>Primary care at scale</li> <li>Risk stratification</li> <li>End of life</li> </ul>	<p><b>Five transformational programmes</b></p> <ul style="list-style-type: none"> <li>Urgent and emergency care</li> <li>Elective care</li> <li>Cancer</li> <li>Children's and maternity</li> <li>Mental health and disabilities</li> </ul>
<p><b>Five cross cutting themes</b></p> <ul style="list-style-type: none"> <li>Workforce</li> <li>Digital and IT</li> <li>Capital, procurement and estates</li> <li>Finance</li> <li>Public service reform</li> </ul>	<p><b>Five steps to strengthen governance</b></p> <ul style="list-style-type: none"> <li>Joint committee of CCCs</li> <li>Acute federate provider board</li> <li>Mental health provider alliance</li> <li>Joint health and social care scrutiny committee</li> <li>STP Collaborative Partnership Board (+1)</li> </ul>	<p><b>Five next steps</b></p> <ul style="list-style-type: none"> <li>September 2016: establish South Yorkshire regional Centre for skills development</li> <li>October 2016: new governance structure in place</li> <li>October 2016: commission hyper acute stroke and children's surgery</li> <li>October 2016: review and emergency care</li> </ul>



# Rotherham Integrated Health and Social Care Place Plan

Rotherham's health and social partners have joined together to look at how we can make the most of our services, with the public at the very centre of everything we do.

By changing the way we approach health and social care in Rotherham, we can improve our lives.

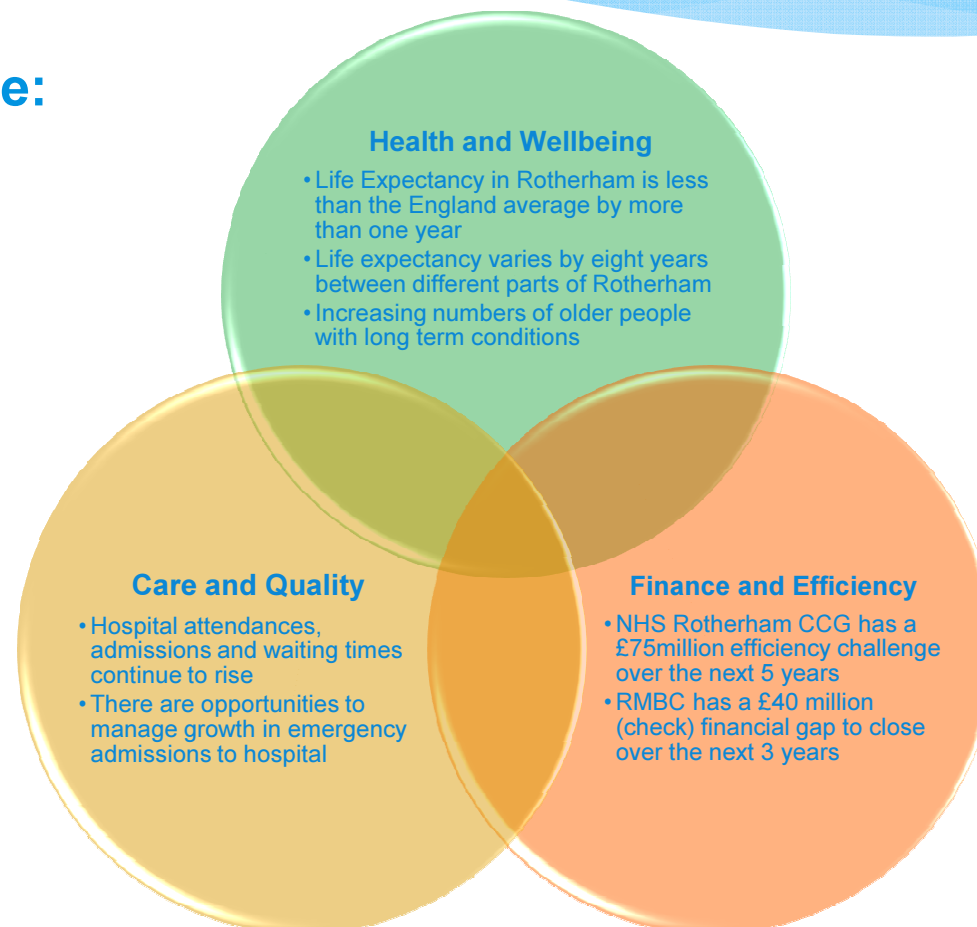
Our vision is:

**“Supporting people and families to live independently in the community, with prevention and self-management at the heart of our delivery”**



# Rotherham Context

## The Case for change: The 3 'Gaps'



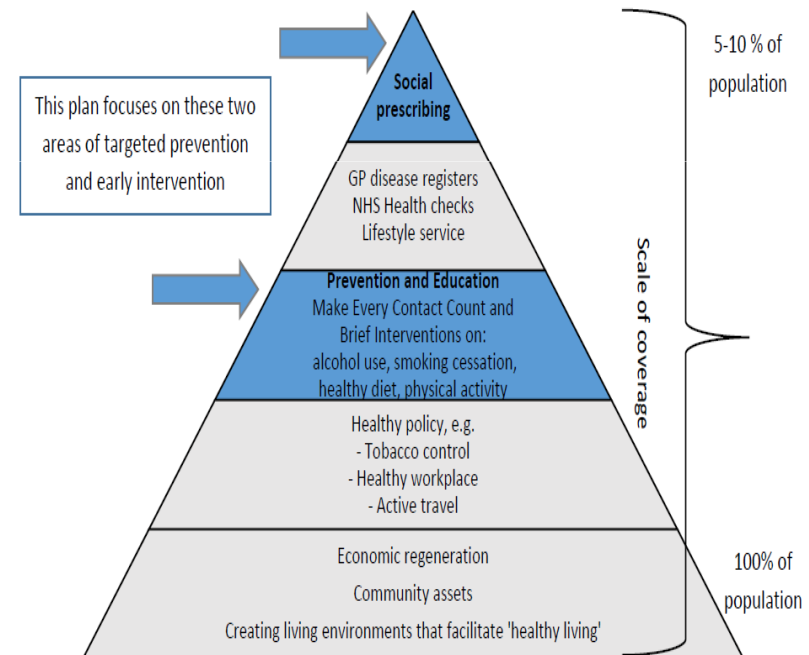
# Our Five joint priorities within the Place Plan

1. Prevention, self-management, education and early intervention
2. Rolling out our integrated locality model – ‘the village’ pilot
3. Opening an integrated Urgent and Emergency Care Centre
4. Further development of a 24/7 Care Co-ordination Centre
5. Building a Specialist Re-ablement Centre



# 1. Prevention, self-management, education and early intervention

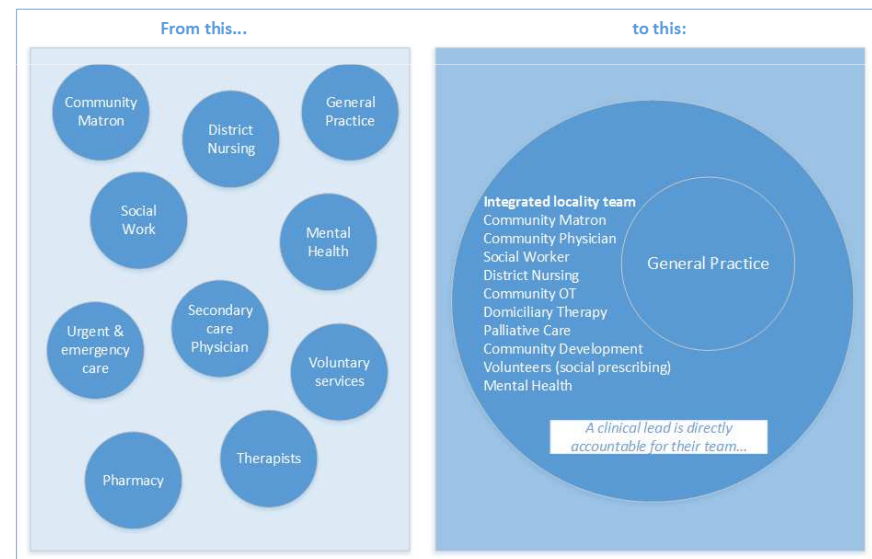
- \* We will better meet the needs of local people by targeting individuals that can gain most benefit through:
  - ❑ Expanding our award-winning **Social Prescribing** service both for those at risk of hospitalisation and for mental health clients.
  - ❑ Expanding systematic use of **Healthy Conversations** and advice by ensuring every statutory organisation signs up to **Making Every Contact Count (MECC)** and by training front-line staff to talk about sensitive issues such as alcohol use, healthy eating habits, increasing physical activity and quitting smoking. We will also ensure quick and easy referral to evidence based lifestyle services (e.g. smoking cessation) to support those that are ready to change and in a way that is right for them.





## 2. Roll out our integrated locality model 'The Village' pilot

- \* Our pilot 'the village' is in Rotherham's town centre, it was established in July 2016 and covers 31,000 patients in 1 of our 7 localities.
- \* It showcases joint commissioning arrangements that drive the integration of services and promote multi-disciplinary working between primary care, social care, secondary care, social care, mental health, community services and the voluntary sector, reducing the reliance on the acute sector.
- \* We will be rolling out the model throughout our 6 other localities.
- \* The aim is to provide seamless care to the designated GP practice cluster population, ensuring the client receives coordinated care from a single case management plan and lead professional



## 2. ....transformation of the care home sector

- \* Approximately 15% to 18% of emergency admissions into hospital are from care homes, these patients also have longer lengths of stay than average admissions.
- \* Partnership with the care home sector is therefore critical to reducing demand for acute services.
- \* We will further develop our care home liaison service, introduce 'trusted assessors' and upskill staff in care homes in assessments in practical skills to manage residents with higher medical problems.



- Our aim is that this will result in fewer admissions from care homes into hospital, more proactive management of length of stay and less people automatically placed in care homes

# 3. Urgent and Emergency Care Centre

- \* The Urgent and Emergency Care Centre will be complete by Spring 2017 and open by July 2017
- \* It will be Rotherham's 24/7 single point of access and triage for urgent cases
- \* It will use an innovative multi-disciplinary approach to reduce waiting times, support patient flow through the hospital and improve patient experience
- \* We will pioneer an innovative 'next available clinician staffing model' which integrates GPs, ED consultants and highly trained nurses.
- \* It will also accommodate social workers, mental health teams and care coordination teams.
- \* It is expected to reduce emergency admissions saving over £30m over 10 years



- The aim is for patients to be assessed and possibly treated within 20 minutes if you're an adult or 15 minutes if you're a child.

# 3. ...expanding our Adult Mental Health Liaison Service

- \* In April 2015, as part of our wider Mental Health services transformation plan, we launched the Rotherham Mental Health Liaison Service to provide round the clock mental health care to patients who attend Rotherham Hospital.
- \* We aim to expand access to this service to improve the outcomes and experience of people experiencing a mental health crisis and to improve access, reduce waiting times, admissions, re-admissions and lengths of stay, reduce use of acute beds by patients with dementia and enhance the knowledge and skills of hospital



# 4. 24/7 Care Co-ordination Centre

- \* The CCC has been in place for 18 months and currently takes 4000 calls a month, 24/7.
- \* Its aim is to act as a central point of access for health professionals and patients into community and hospital based urgent care services.
- \* Our aim is to expand the scope of the CCC to include mental health, voluntary and social care sector services, improving access for patients through a comprehensive directory of services, driving efficiency and cutting down waste.



- The purpose is to manage system capacity, carry out initial assessment and deploy appropriate teams to provide support, avoid potential hospital admissions and ensure people are in the most appropriate care setting.

# 5. Specialist Re-ablement Centre

- \* We want to develop a more integrated approach to the provision of intermediate care services for those patients who cannot be treated at home, but do not need to be treated in a hospital setting.
- \* Our aspiration is to locate all rehabilitation services on a single, co-located, non-acute setting to create an environment that supports integrated working.
- \* A fully integrated team of health and social care professionals will provide a mix of community rehabilitation services, residential intermediate care, and the current discharge to assess beds for people living in the community, and for people leaving a hospital setting.



- \* This model will allow Rotherham people to remain in their community longer than would otherwise be possible
- \* We anticipate the Re-ablement Centre will be more cost efficient through better deployment of professionals and teams and supporting an integrated multi-disciplinary way of working

# Enablers

\* We will:

- ❑ Make good use of our public buildings and resources
- ❑ Make better use of technology. We're planning a major upgrade to the way we all communicate with services, healthcare professionals and patients.
- ❑ Working together and sharing information will become the norm
- ❑ Encourage everyone to use technology to care for themselves and manage their own wellbeing



# Expected Benefits and required investment

Joint Priority	Benefit	Investment
<b>1. Prevention, self-management, education and early intervention</b>	<ul style="list-style-type: none"> <li>• ‘Making Every Contact Count’ could show a return of £10 per £1 spent</li> <li>• Expected savings for households and employers up to £28 per £1 spent</li> <li>• Social prescribing evaluation shows improved outcomes for patients and system benefits of £1.98 for each £1 invested</li> </ul>	<ul style="list-style-type: none"> <li>• £1.8m per annum for MECC</li> <li>• £1.1m per annum for social prescribing</li> <li>• £45k for VAR website and £25k for VAR Health Champions</li> </ul>
<b>2. Rolling out our integrated locality model – ‘the Village’ pilot</b>	<ul style="list-style-type: none"> <li>• Improved patient outcomes and proactive management of care</li> <li>• Reduced utilisation of secondary services</li> <li>• Reduction in non-elective bed days by 10,000 (estimated £1.5m saving per annum)</li> <li>• Management of high acuity patients in care home sector</li> </ul>	<ul style="list-style-type: none"> <li>• One off funding of £1.5m</li> <li>• £1.25 per annum to trial new staffing models in primary care and to fund transformational support</li> <li>• £0.6m for appropriate equipment and training in the Care Home Sector</li> </ul>
<b>3. Opening an integrated Urgent and Emergency Care Centre</b>	<ul style="list-style-type: none"> <li>• Investment to go further and faster in developing the model and to support the realisation of £30m system savings over 10 years</li> <li>• Investment in integrated liaison service for people with dementia could show a return of investment of £4 for every £1 invested</li> </ul>	<ul style="list-style-type: none"> <li>• £0.45m for new capital guild and transformation investment</li> </ul>
<b>4. Further development of a 24/7 Care Co-ordination Centre</b>	<ul style="list-style-type: none"> <li>• Formal evaluation shows at least £0.86 additional system wide efficiencies</li> <li>• Further integration of health and social care services</li> </ul>	<ul style="list-style-type: none"> <li>• £0.46m non-recurrent infrastructure costs</li> </ul>
<b>5. Building a Specialist Re-ablement Centre</b>	<ul style="list-style-type: none"> <li>• Transition to new staffing and skill mix models of care and enhance clinical and caring environment</li> <li>• Transition of long stay residents from existing provision into care home provision</li> <li>• Evidence from Plymouths’ review of re-ablement services achieving financial objective of £500k savings in the first year</li> </ul>	<ul style="list-style-type: none"> <li>• £3m per annum</li> </ul>



# High Level Implementation Plan

Priority Area	Key Milestone	April 2016 – March 2017	April 2017 – March 2018	April 2018 – March 2019	April 2019 – March 2020
1. Prevention, self-management, education and early intervention	• Evaluate Mental Health Social Prescribing				
	• Increase target from 5% to 10% of patients at risk of hospitalisation				
	• All key statutory organisations signed up to MECC and first cohort of front line staff trained				
2. Integrated Locality Model	• Implement integrated locality pilot and final evaluation				
	• Roll out integrated locality model across Rotherham				
3. 24/7 Care Co-ordination Centre	• Scope and plan expansion to other health and social care services				
	• Evaluate upscaled service				
4. Urgent and Emergency Care Centre	• Completion of the capital build for Urgent and Emergency Care Centre				
	• Full implementation of the model of working				
	• External evaluation of the Adult Mental Health Liaison Service				
5. Re-ablement Centre	• Full implementation of the Rapid Response service				
	• Full review of acute and community respiratory pathways				
	• Development of the re-ablement hub				

# Work still to do...

- \* Overall Governance Structure
- \* Finance
- \* Agreement through partner governance arrangements
- \* Alignment to wider STP Plan and workstreams
- \* Finalisation of illustration and infographics



# Timescales

Date	Meeting / action
21 September	Health and Wellbeing Board
22 September	Health Scrutiny
27 September	Final completion of Illustration and interactive Story Board
End September to Early October	<ul style="list-style-type: none"><li>• CCG GP Members Committee</li><li>• RMBC Senior Leadership Team</li><li>• TRFT Board</li><li>• RDaSH Board Development Session</li><li>• CCG Governing Body</li><li>• VAR Board</li></ul>
Mid October	Rotherham Integrated Place Plan finalised and signed off by partners
21 October	STP Submission to NHS England